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APPLICANTS

Gary A. Goetzke, St. Paul, MN;

Thomas N.P. Johns, Minneapolis, MN;
Malcolm E. Reid, St. Paul, MN; Jack M. Jackson, Minneapolis, MN;
Angeline M. Carlson, Eden Prairie, MN;

** CONTINUING DATA *****

This appln claims benefit of 60/258,556 12/29/2000

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 22	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ASG</i>				

ADDRESS

27581
MEDTRONIC, INC.
710 MEDTRONIC PARK
MINNEAPOLIS, MN
55432-9924

TITLE

Chronic pain patient medical resources forecaster

FILING FEE RECEIVED 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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